

FEE: _____

BOARD OF HEALTH

TOWN OF SEEKONK

APPLICATION FOR SAND / SALT STORAGE

FULL NAME OF APPLICANT: _____

MAILING ADDRESS: _____

EMAIL ADDRESS: _____

TELEPHONE NUMBER: _____

ADDRESS OF STORAGE: _____

AMOUNT OF SALT / SAND STORAGE ON PREMISES: _____ CUBIC YARDS

TYPE OF BUILDING OR CONTAINER THE SALT/SAND IS STORED IN: _____

DISTANCE OF STORAGE FROM ABUTTING PROPERTY OWNERS: _____

IS THERE ANY SALT / SAND STORAGE WITHIN A RIVER OR OTHER OPEN
SURFACE WATER BODY, WETLANDS OR MARSH [IF YES LOCATION]: _____

PRIVATE OR PUBLIC DRINKING WATER WITHIN 400 FEET OF STORAGE, [IF
YES; ADDRESSES OF THE WELLS]: _____

Pursuant to M.G.L. 62C, sec. 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and all state taxes required under law.

Social Security Number or

Federal Identification Number

Signature of Individual or Corporate Name

By:_____
Signature of Corporate Officer
(if applicable)

Approved:

Chairman of the Board of Health

